

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 29 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

MA99000DD1908

1. Limited Liability Company's Name

Bowne Business Solutions, LLC

REINSTATEMENT

2001-
2002

2. Principal Office Address

161 N. Clark St.

Suite, Apt. #, etc.
#2400

City & State

Chicago, IL

Zip

60601

Country

Cook

3. Mailing Office Address

161 N. Clark St.

Suite, Apt. #, etc.
#2400

City & State

Chicago, IL

Zip

60601

Country

Cook

4. State/Country of Formation

New York

5. Date Organized or Qualified
To Do Business in Florida

5/5/1999

6. FEI Number

22-2612517

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date

1-29-02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Director	Robert M. Johnson	345 Hudson St.	New York, NY 10014

700004833997--5

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Robert M. Johnson

Date

1/24/2002

Daytime Phone #212.824-5500

Typed or printed name of signing Managing Member/Manager Robert M. Johnson

CR2E041 (9/01)

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ACCOUNT NO. : 072100000032

REFERENCE : 128111 4719600

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 200.00

ORDER DATE : January 28, 2002

ORDER TIME : 12:10 PM

ORDER NO. : 128111-035

CUSTOMER NO: 4719600

CUSTOMER: Ms. Lynette Farlow
Bowne & Co., Inc.
345 Hudson Street

New York, NY 10014-4502

REINSTATEMENT

NAME: BOWNE BUSINESS SOLUTIONS,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

RECEIVED
02 JAN 29 PM 12:50
DEPARTMENT OF STATE
DIVISION OF CORPORATE
AFFAIRS
EXAMINER'S INITIALS